



**Town of Riverhead  
Zoning Board of Appeals**

4 West Second Street  
Riverhead, New York 11901  
(631) 727-3200 x283  
trojanowski@townofriverheadny.gov

## Requirements for Filing a Zoning Board of Appeals Application

1. **\*\*NEW REQUIREMENT\*\*** - All applications must be accompanied by a flash drive that includes digital files of all documents, surveys, supporting information, etc. Application will be deemed incomplete until digital files have been submitted.
2. **One original and ten (10) copies of the Zoning Board Application** – Signed by owner and notarized (If owner is not available, a notarized affidavit may be submitted authorizing you to sign the form.) **APPLICATION MUST BE FULLY COMPLETED, NO EXCEPTIONS. If you are a representative of the property owner, please complete the space that requests representative information.**
3. **Building Permit Application** – Copy of a Signed and notarized application. (If application is a result of a Planning Board subdivision there is no Building Permit Application required, however, a copy of The Planning Board Resolution must be submitted.)
4. **Disclosure Affidavit** – Affidavit needs to be completed fully, signed and notarized.
5. **One original and ten (10) copies of the Short Environmental Assessment Form for State Environmental Quality Review Act (SEQRA) – Part 1 Only for SEQRA Type II Actions (See Attached).** If it is determined by the Planning Department that the SEQRA Action is Type 1 or Unlisted, a Long Environmental Assessment Form may be required. (Information is provided at <http://www.dec.ny.gov/permits/357.html>)
6. **Proof of Single and Separate Ownership** – This applies only to new construction on vacant land. (**A Title Search is an example of proof of single and separate ownership.**)
7. **Fee** - Residential (area variance \$300, use variance \$500), Commercial (area variance \$500, interpretations or use variance \$1,000), Sign Permit (\$150)
8. If applicable, a copy of the approval from the New York State Department of Environmental Conservation (NYSDEC) if it is within **300 feet of tidal or fresh water wetland designation** or a copy of the letter of review by the Riverhead Conservation Advisory Council (CAC) if it is within **150 feet of tidal or fresh water wetland designation**.
9. **Eleven (11) surveys bearing the ORIGINAL SURVEYOR'S SEAL and SIGNATURE. NO EXCEPTIONS. All surveys must be ORIGINAL, NO PHOTOCOPIES!! THE SURVEYOR MUST PLOT ALL STRUCTURAL DIMENSIONS, LOT COVERAGE DIMENSIONS, AND ALL YARD DISTANCES ON THE SURVEY.** Eleven (11) ORIGINAL surveys bearing the original surveyor's seal and signature if it is within 500 feet of State or County owned land, or adjacent townships. Twelve (12) surveys bearing the original surveyor's seal and signature if it is within the designated Pine Barrens.

**\*\*Pick up poster in Planning Department office\*\***

The Code of the Town of Riverhead requires that all parcels, plats, lots, or premises for which a variance, special exception or use variance is sought must bear an official notice of that fact. The notice, which will be supplied by the Town of Riverhead, must show the date, place and time of the public hearing or any adjournment thereof, and must be displayed for at least seven (7) days immediately prior to said hearing or adjournment. It shall be located not more than ten (10) feet from the front property line and not more than four (4) feet above ground level with an unobstructed view. You will be notified when the hearing date and time are set and should then obtain the official notice from the Planning Department office in the Town Hall. Further, the applicant shall send notice to the owners of record of every property which abuts, and to the owners of record of every property on any public or private street which is across from the property that is the subject of the application. Such notice shall be made by certified mail, return receipt requested, posted at least seven days prior to the date of the initial public hearing on the application and addressed to the owners at the physical mailing addresses listed for them on the local assessment roll in the Assessor's office. The applicant or agent shall file an affidavit that he or she has complied with all the provisions of this section and shall also provide a listing of the names, addresses and tax map numbers for the notice by mail and proof of mailing. No public hearing shall be held unless such affidavit and proof of mailing has been received.

**TOWN OF RIVERHEAD**  
**COUNTY OF SUFFOLK, STATE OF NEW YORK**  
4 West Second Street  
Riverhead, NY 11901  
631-727-3200, x240

**APPLICATION TO THE ZONING BOARD OF APPEALS**

Please see separate sheet for instructions. Original copies only. Faxed, photo or email copies are not acceptable.

**( for official use only )**

**ZBA Case #:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**SCTM:** 0600 - \_\_\_\_\_ - \_\_\_\_\_

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**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY APPLICANT. ALL QUESTIONS MUST BE ANSWERED. NO APPLICATION SHALL BE DEEMED FILED UNTIL DETERMINED TO BE COMPLETE AND A RECEIPT OF APPLICATION IS RETURNED TO APPLICANT.**

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**PROPERTY ADDRESS:** \_\_\_\_\_

**APPLICANT/OWNER INFORMATION**

**(PLEASE PROVIDE A MAILING ADDRESS OF PERSON TO BE CONTACTED)** Expeditor, design professional or sign company is not the Applicant/Owner; the representative can complete his or her information provided below where it says "representative".

**Applicant, Contract Vendee, or Lessee:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

**Applicant's standing:**

Owner  Contract Vendee  Lessee  Contract Lessee  Adjoining property owner or other aggrieved person  
 of the subject parcel  of an affected parcel

**Representative:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**If Owner or Applicant is not an individual, please list the names and addresses of the principals of the owner or applicant business entities:**

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## **SUBJECT PROPERTY INFORMATION**

Tax Map No.: \_\_\_\_\_ Size of subject property ( sq. ft. ): \_\_\_\_\_

Physical address of subject property: \_\_\_\_\_

Nearest intersection to subject property: \_\_\_\_\_

Current use of property: \_\_\_\_\_

Zoning district in which the subject property is located: \_\_\_\_\_

Is the property in single and separate ownership from all adjoining properties?

(a) If yes, since what date \_\_\_\_\_

(b) If no, what adjoining property is held by the same owner? \_\_\_\_\_

(c) A single and separate search is enclosed herewith: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Is there a certificate of occupancy for all of the structures on the subject property** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes, please attach. If no, please explain:**

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Is the subject property located within 500' of any of the following?

\_\_\_\_\_ The boundary of any city, village or town (if yes, indicate which Town or Village: (\_\_\_\_\_))

\_\_\_\_\_ The boundary of any existing or proposed county or state park or any other recreation area

\_\_\_\_\_ The right-of-way of any existing or proposed county or state parkway, thruway, expressway, road or highway

\_\_\_\_\_ The existing or proposed right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines

\_\_\_\_\_ The existing or proposed boundary of any county or state-owned land on which a public building or institution is situated

\_\_\_\_\_ The boundary of a farm operation located in an agricultural district, as defined by article twenty-five-AA of the agriculture and markets law, except this subparagraph shall not apply to the granting of area variances.

Has a variance or special exception use ever been applied for on this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate the Zoning Board of Appeals number, date of decision and attach copies of all decisions

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Has any land use application for the subject property ever been made to any of the following boards?

Town Board \_\_\_\_\_ Yes \_\_\_\_\_ No

Planning Board \_\_\_\_\_ Yes \_\_\_\_\_ No

Accessory Apartment Review Board \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain the nature of the application and the disposition thereof and attach copies of all decisions if available

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Please provide driving directions to the subject property from Riverhead Town Hall (You may attach MapQuest directions or other similar computer-generated directions):

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## NATURE OF RELIEF BEING SOUGHT:

What are you proposing to build, alter or maintain? \_\_\_\_\_

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Type of Application (check all that apply):

<input type="checkbox"/> Area Variance (e.g. setback, height, frontage, etc.)	<input type="checkbox"/> Special Exception
<input type="checkbox"/> Use Variance (e.g. retail in residence district)	<input type="checkbox"/> Variance of §280A requirements
<input type="checkbox"/> Interpretation of Zoning Ordinance	<input type="checkbox"/> Other { Please explain below }

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Reason for application (*Attach additional sheets if necessary*):

(a) AN AREA VARIANCE of Chapter \_\_\_\_ Section \_\_\_\_ Subsection \_\_\_\_ of the Zoning Ordinance is requested to

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(b) A USE VARIANCE of Chapter \_\_\_\_ Section \_\_\_\_ Subsection \_\_\_\_ of the Zoning Ordinance is requested to  
Note: An Agricultural Data Statement is required when subject property is within 500 feet of a farm operation located in an agricultural district, as defined by Article 25 AA of the Agriculture and Markets Law.

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(c) INTERPRETATION: I believe that under the Zoning Ordinance, the Town was in error in (circle one) denying/issuing a permit because:

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(d) SPECIAL EXCEPTION: I believe that under the Zoning Ordinance. OTHER:

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**Area Variance Considerations** (Please explain. Attach additional sheets if necessary):

1. The variance (circle one) would / would not produce an impact on adjacent properties or the neighborhood because:

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2. The variance(s) sought (circle one) is / is not substantial because:

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3. The benefit sought by Applicant (circle one) can / cannot be achieved by some alternative means because:

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4. The variance(s) (circle one) would / would not cause an adverse effect on the environment because:

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5. The difficulty (circle one) was / was not self-created because:

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**Use Variance Considerations** (Please explain. Attach additional sheets if necessary):

1. The applicant (circle one) can / cannot realize a reasonable return for each of the permitted uses in the zoning district in which the subject property is located, provided that lack of return is substantial as demonstrated by the enclosed competent financial evidence:

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2. The alleged hardship relating to the property (circle one) is / is not unique, and (circle one) does / does not apply to a substantial portion of the district or neighborhood:

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3. The use variance, if granted, (circle one) would / would not alter the essential character of the neighborhood:

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4. The alleged hardship (circle one) was / was not self created:

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**OWNER'S ENDORSEMENT**  
**(Individual)**

COUNTY OF SUFFOLK  
STATE OF NEW YORK

\_\_\_\_\_ being duly sworn, deposes and says that I reside at \_\_\_\_\_  
\_\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_  
and that I am the owner in fee of the premises described in the foregoing application  
approval as described herein.

\_\_\_\_\_ Signature

\_\_\_\_\_ Print or Type Name

Sworn to before me this

\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Notary Public, \_\_\_\_\_ County

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**OWNER'S ENDORSEMENT**  
**(Business Entity)**

COUNTY OF SUFFOLK  
STATE OF NEW YORK

\_\_\_\_\_ being duly sworn, deposes and says that I reside at \_\_\_\_\_  
\_\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_  
and that I am the \_\_\_\_\_ of the \_\_\_\_\_  
Corporation, which is the owner in fee of the premises described in the foregoing application and that I have authorized  
by \_\_\_\_\_ to make the foregoing application approval as described herein.

\_\_\_\_\_ Signature

\_\_\_\_\_ Print or Type Name

Sworn to before me this

\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Notary Public, \_\_\_\_\_ County

## **APPLICANT – REPRESENTATIVE AFFIDAVIT**

STATE OF NEW YORK  
COUNTY OF SUFFOLK

\_\_\_\_\_ being duly sworn, deposed and says I am the owner, representative for owner, applicant or representative for the applicant of the property above described. That all statements made in this application are true to the best of my knowledge and belief, except as to the matter therein stated to be alleged on information and belief and as to the matters I believe the same to be true.

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Signature

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Print or Type Name

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

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Notary Public, \_\_\_\_\_ County

**PLEASE INCLUDE CORRESPONDENCE (FROM THE OWNER OF THE PARCEL)  
AUTHORIZING YOU TO REPRESENT THE OWNER.**

**READ THIS DOCUMENT CAREFULLY. YOU MAY CONSULT YOUR ATTORNEY BEFORE  
COMPLETING.**

**DISCLOSURE AFFIDAVIT**

State of New York)

ss:

County of Suffolk)

I, \_\_\_\_\_ an applicant for the following relief:

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and being duly sworn, deposes and says:

That I make and complete this affidavit under the penalty of perjury and swear to the truth thereof.

That I understand that this affidavit is required by Section 809 of the GENERAL MUNICIPAL LAW and that a knowing failure to provide true information is punishable as a misdemeanor. Being so warned, I state:

That \_\_\_\_\_, is a State Officer, is an officer or employee of Riverhead Town, and

That this person has an interest in the person, partnership, or association requesting the above stated relief.

That for the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant where he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them

- (a) is an applicant,
- (b) is an officer, director, partner or employee of the applicant,
- (c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association, applicant, or
- (d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered dependent or contingent upon the favorable approval of such application, petition, or request.

That ownership of less than five (5) percent of the stock of a corporation whose stock is listed on the New York or American Stock Exchange shall not constitute an interest for the purpose of this section.

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(SIGNATURE)

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20

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NOTARY PUBLIC



## Town of Riverhead Agricultural Data Statement

**When to use this form:** This form must be completed by the applicant for **ANY USE VARIANCE**, Special Use Permit, site plan approval, or subdivision approval on PROPERTY WITHIN AN AGRICULTURAL DISTRICT CONTAINING A FARM OPERATION **OR** ON PROPERTY WITH BOUNDARIES WITHIN 500 FT. OF A FARM OPERATION LOCATED IN AN AGRICULTURAL DISTRICT. Applications requiring an Agricultural Data Statement require referral to the Suffolk County Planning Commission unless exempt in accordance with the inter-municipal agreement regarding zoning referrals.

- 1) Name of Applicant: \_\_\_\_\_
- 2) Address of Applicant: \_\_\_\_\_
- 3) Name of Land Owner (if other than the applicant): \_\_\_\_\_
- 4) Address of Land Owner: \_\_\_\_\_
- 5) Description of Proposed Project: \_\_\_\_\_  
\_\_\_\_\_
- 6) Location of property (street address): \_\_\_\_\_
- 7) Project site tax map number: \_\_\_\_\_
- 8) Is the project located on property within an Agricultural District containing a farm operation? \_\_\_\_\_ (yes or no)
- 9) Is the project located on property outside an Agricultural District, but with a boundary or boundaries within 500 ft. of a farm operation located in an Agricultural District? \_\_\_\_\_ (yes or no).
- 10) Tax map # and name and address of any owner(s) of parcels of land within the Agricultural District containing farm operation(s) located within 500 ft. of the boundaries of the parcel subject to the pending application.

Tax Map #

Name & Address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

(Use the back side of the page if more than seven properties are identified.)

Tax map numbers within 500 ft. may be obtained when requested in advance from the Planning Department at 631-727-3200 x240. Information regarding property addresses and whether a property is an active farm operation is available by contacting the Assessor's office in advance at 631-727-3200 x255.

- 11) Submit a copy of the current tax map page(s) labeling the site of the proposed project and highlighting the farm operation parcels identified in item 10 above.
- 12) Submit pre-addressed legal size envelopes, pre-addressed to each of the landowners identified in item 10 above with pre-paid certified mail postage, together with pre-addressed green, return receipt cards for each mailing. The return address on the return receipt card must read "Riverhead Town Planning Department, 201 Howell Ave., Riverhead, NY 11901."

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Note: 1. The Planning Department will solicit comments via mail from the owners of land identified above in order for the applicable Board to consider the effect of the proposed action on their farm operation. This will include a copy of this statement. 2.

Comments returned will be taken into consideration by the applicable Board as part of the overall review of an application. 3. Failure to provide a complete Agricultural Data Statement means the application cannot be acted upon by the applicable Board.